

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

10/554496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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TOTAL IND.	/	▼	/	▼		▼
TOTAL DEP.	74	◀	22	◀		◀
TOTAL CLAIMS	75	[REDACTED]	23	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		▼		▼		▼
TOTAL DEP.		◀		◀		◀
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]